



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 3 should be completed where appropriate. All correspondence including the Patent, advance notice and publication of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Not the first 100 page charge of address)

A certificate of mailing can only be used for domestic mailings of the fee(s) transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmittal.

MOORE LANDREY
1600 SHOAL CREEK BLVD
SUITE 100
AUSTIN, TX 78701

Certificate of Mailing or Transmittal
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Deposited) date:
(Signed):
(Title):

APPLICATION NO.	FILING DATE	FIRST NAME INVENTOR	ATTORNEY INDEX NO.	CONFIRMATION NO.
10719792	11/21/2008	David A. Moore	07-0167	2942

TITLE OF INVENTION: METHOD FOR INCORPORATING FACIAL RECOGNITION TECHNOLOGY IN A MULTIMEDIA SURVEILLANCE SYSTEM

APPL. FEE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	PREP. FEE	TOTAL FEE DUE	DATE DUE
Unreduced	YES	\$755	\$300	\$0	\$1055	10/23/2009

EXAMINER	ART UNIT	CLASS SUBCLASS
TRACRE PATOMATA	8106	713-18600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.332). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO 501/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO 501/122 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (listing as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be placed.
---	--

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for publication as set forth in 37 CFR 1.11. Completion of this form is NOT a requirement for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

A. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - 4 of Copies

B. Payment of Fee(s) (Please first re-pay any previously paid issue fee shown above)

- ☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2015 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 52-9128. (enclose an extra copy of this form).

C. Change in Entity Status (from status indicated on PTO 501/122)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signatory

Typed or printed name

Date

Registration No.

This collection of information is required by 37 CFR 1.27. The information is required to obtain a benefit by the patent process. Confidentiality is governed by 37 CFR 1.27 and 37 CFR 1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed information form to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. OR SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

10/02/2009 INTEL 50002199 10719792

0011-6651-6611

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

01 FC:2501

755.00

02 FC:1504

200